

FILED JUL 15 1957

BIRTH NO. 2074		REG. DIST. NO. 2075		PRIMARY REG. DIST. NO. 2076		Registrar's No. 2077		2078			
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis							
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia				c. LENGTH OF STAY (In this place) 63 yrs.							
c. CITY (If outside corporate limits, write RURAL and give township) Sedalia				d. STREET ADDRESS (If rural, give location) 122 1/2 S. Quincy							
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital											
3. NAME OF DECEASED (Type or Print) a. (First) ADELINE b. (Middle) I. c. (Last) HALL				4. DATE OF DEATH (Month) (Day) (Year) July 12, 1957							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 21, 1877		9. AGE (In years last birthday) 79			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Jasper, Indiana				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME David Morgan				13b. MOTHER'S MAIDEN NAME Mary Ann Decker				14. NAME OF HUSBAND OR WIFE Albert A. Hall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Homer Hall				ADDRESS 807 E. 6th St. Sedalia, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Acute Coronary Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arterio sclerosis DUE TO (c) Carcinoma R. breast II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sweat gland L. supra orbit. INTERVAL BETWEEN ONSET AND DEATH: 24 hr											
19a. DATE OF OPERATION 6/18/57				19b. MAJOR FINDINGS OF OPERATION L. Supraorbital region				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE SUICIDE				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 7-12				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21f. HOW DID INJURY OCCUR? Stroke			
22. I hereby certify that I attended the deceased from 6-15 , 19 57 , to 7-12 , 19 57 , that I last saw the deceased alive on 7/12 , 19 57 , and that death occurred at 2:45 p m., from the causes and on the date stated above.											
23a. SIGNATURE E. W. Boger				23b. ADDRESS Sedalia Mo				23c. DATE SIGNED 7/12/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE July 15, 1957				24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery			
24d. LOCATION (City, town, or county) (State) Sedalia, Mo.				25. FUNERAL DIRECTOR'S SIGNATURE Frances Kelly				ADDRESS Sedalia, Mo.			
DATE REC'D BY LOCAL REG. 7-13-57											

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1932

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Russell C. Maag

Licensed Embalmer No.

4804

P. O. Address

Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.